

7 FAM 450 EMERGENCY MEDICAL/ DIETARY ASSISTANCE (EMDA) PROGRAM

(TL:CON-23 11-4-86)

7 FAM 451 GENERAL POLICY

(TL:CON-23 11-4-86)

a. Public Law 95-45, of June 15, 1977, effective October 1, 1978, authorized the Department of State to provide, on a reimbursable basis when possible, medical and/or dietary assistance to U.S. citizens incarcerated abroad when private sources for this assistance are not otherwise available. The Emergency Medical/Dietary Assistance (EMDA) program is designed to assist U.S. citizens abroad who, as a result of their incarceration, cannot secure the minimal medical treatment or dietary regimen necessary to sustain an acceptable standard of life.

b. EMDA consists of three services:

- (1) Provision of emergency medical treatment of U.S. citizen prisoners;
- (2) Provision of full feeding for prisoners in detention centers where meals are not normally furnished by incarcerating authorities; and
- (3) Provision of dietary supplements to U.S. prisoners in areas where local conditions or local diets do not provide the minimum requirements to sustain adequate health (see 7 FAM 451 Exhibit 451).

c. The first two services are provided on a reimbursable basis. Prisoners receiving funds or food under these two parts of the program are required to sign appropriate promissory notes. Efforts to obtain funds from private sources must be undertaken before Government funds are authorized. The third part of the program is not on a reimbursable basis because the post normally purchases dietary supplements in large quantities and distributes them to individual prisoners at a relatively low cost.

d. Successful implementation of this program depends largely on the reactions of host government officials to the program and their cooperation in permitting the program to function. Emphatically, the purpose of the program is not to abrogate host-government responsibilities to provide adequate medical and dietary care for U.S. citizen prisoners under their jurisdiction. Nor does it alleviate the post's responsibilities to make adequate and prompt representations to host officials when these responsibilities are not being met.

e. All posts should develop pertinent, local background information that will assist in program implementation and management. Such information should include, but is by no means limited to:

- (1) A list of private physicians whose services might be used in providing emergency medical services;
- (2) A list of restaurants or other food service establishments normally used to provide meals for prisoners;

(3) A list of the various types of vitamins or other dietary supplements obtainable in the area, and possible sources; and

(4) Written guidelines or procedures to enable the post to control the disbursement and accountability of funds under the three parts of the EMDA program.

7 FAM 452 EMERGENCY MEDICAL ASSISTANCE

This part of EMDA provides funding for emergency medical treatment of imprisoned U.S. citizens on a limited basis when the service cannot be funded privately, and cannot or will not be provided by the host government.

7 FAM 452.1 Eligibility Criteria

U.S. citizen prisoners are considered eligible to receive paid medical treatment if:

(1) Adequate treatment for a physical or psychiatric condition cannot or will not be provided by prison authorities or the host government (see 7 FAM 451 Exhibit 451);

(2) All reasonable attempts to tap private resources have failed, or such resources do not exist; and

(3) There are medical indications that the emergency medical assistance is necessary to prevent, or attempt to prevent, the loss of life or limb, or that failure to provide service may cause permanent disability.

7 FAM 452.2 Services Covered

Once approved, funds may be expended for:

(1) Medical examination, when required;

(2) Emergency treatment;

(3) Nonelective surgery;

(4) Medications and related medical supplies and equipment required on a routine basis to sustain life (such as insulin);

(5) Preventive or protective medications and medical supplies and equipment (such as vaccinations, inoculations) required to combat epidemic conditions (general or intramural);

(6) Childbirth attendance, including necessary medical care of newborn children; and

(7) Transportation for the U.S. citizen and attendant(s) designated by the incarcerating officials between the place of incarceration or site where the injury/illness occurred and the place(s) of treatment.

7 FAM 452.3 Post Action

The consular officer immediately takes the actions set forth in the next five sections upon being informed that a U.S. citizen prisoner is in need of emergency medical assistance.

7 FAM 452.3-1 Communication with the Prisoner

Personally make every effort to visit the ill or injured prisoner as soon as possible. If an immediate personal visit is not possible, attempt to contact the prisoner by telephone, or arrange to have a known resident in the area of the prison personally visit the prisoner and provide observations to the consular officer.

7 FAM 452.3-2 Medical Evaluation

Obtain a professional medical diagnosis and prognosis of the ill or injured prisoner. Some possible sources of such evaluations might be a host government physician or health official, or a local private physician. If warranted and time permits, the consular officer may request an evaluation from the Regional Medical Officer (RMO) and advise the Department (CA/OCS/EMR) by telegram.

7 FAM 452.3-3 Estimated Costs

Determine as accurately as possible the estimated costs of the recommended treatment or surgery.

7 FAM 452.3-4 Private Resources and Privacy Act Waiver

Make determined efforts to obtain:

- (1) The names and addresses of family or friends who might serve as a source of private funds for medical services;
- (2) The necessary Privacy Act waiver (see 7 FAM 413 Exhibit 413.5); and
- (3) The necessary funds.

7 FAM 452.3-5 Contact Points

Obtain the name and address of the physician providing the service, the name and address of the hospital, and the name and address of the individual or institution to whom payments are to be made.

7 FAM 452.4 Department Action

Upon receipt of a telegram from a post advising of a potential medical assistance case, CA/OCS/EMR takes the following actions:

- (1) If initial post contacts were unsuccessful, telephone or telegraph the NOK or other individuals whose names were provided by the post and attempt to arrange private funding of the medical services. If successful, funds will be transmitted to the post, using OCS/TRUST procedures (see 7 FAM 330);
- (2) If private funds are not forthcoming, authorize the post, by telegram, to expend EMDA funds; and
- (3) Maintain contact with the post and, within the limits of the Privacy Act, relay updated information on the treatment, health, and living conditions of a patient to family and friends.

7 FAM 452.5 Post Emergency Expenditure Authorization

Under certain circumstances a medical emergency may arise which prohibits the delay inherent in telegraphing the Department and receiving authorization to expend EMDA funds. Posts are authorized to expend the minimum amount necessary, up to \$250, without prior Departmental approval under the following circumstances:

(1) The prisoner's symptoms appear to warrant an immediate medical examination to determine eligibility for emergency medical treatment under the EMDA program;

(2) An immediate medical examination is warranted in order to verify the alleged abuse of a U.S. citizen prisoner by arresting or confining authorities; or

(3) Emergency medical treatment or surgery appears necessary immediately to prevent death or serious injury, and there is insufficient time to explore private resources or obtain Departmental approval; and

(4) A Loan Application/Promissory Note (7 FAM 452 Exhibit 452.5; see section 7 FAM 452.6 for more information) has been completed and signed.

7 FAM 452.6 Processing Requirements for Emergency Medical Assistance for Incarcerated U.S. Citizens

When a post becomes aware that an incarcerated U.S. citizen needs emergency medical funds, take the following steps:

(1) The consular officer determines the eligibility of the loan applicant, the services required, and takes the necessary post actions, as described in section 7 FAM 452.1 .

(2) The consular officer completes Section A of the Loan Application/Promissory Note (7 FAM 452 Exhibit 452.5 , Part I).

(3) The loan applicant should read and sign Section B of the application. If the signature of the applicant is unavailable, see section 7 FAM 345.2 .

(4) When the consular officer authorizes an emergency loan under section 7 FAM 452.5 , the officer must assign the fiscal data for the loan (see section 7 FAM 456). This information is essential and cannot be omitted.

(5) The post must immediately telegraph the Department for authorization and/or to report any emergency funds expended, using the format contained in 7 FAM 452 Exhibit 452.6 .

(6) The Department must authorize the loan by supplying the appropriate fiscal data before funds are made available under this program. To request authorization use the format contained in 7 FAM 452 Exhibit 452.5 Part I. The only exception is for funds required in a situation described in section 7 FAM 374.4 , in which case up to \$250 can be loaned by the consular officer without prior Departmental authorization. If funds are expended under the authority of section 452.5, the consular officer must complete a purchase order/voucher form (OF-206). The applicant should sign the OF-206. Do not complete sections C and D of the Loan Application/Promissory Note at this time, unless the amount expended under post authority is expected to be the total amount required by the applicant. In that case, the OF-206 is attached to the Loan Application/Promissory Note, Part II, and Sections C and D are completed at once.

(7) When Department authorization has been obtained, the loan applicant completes Section C of the Loan Applicant/Promissory Note.

(8) Next, the consular officer completes Section D of the Loan Application/Promissory Note.

(9) The consular officer amends the passport of the beneficiary to expire 1 year from date of loan. The passport must be endorsed as follows:

**LIMITATION - THIS PASSPORT EXPIRES
(MONTH, DAY, YEAR) AND SHALL NOT BE
EXTENDED WITHOUT EXPRESS
AUTHORIZATION OF THE DEPARTMENT OF
STATE.**

When the loan is repaid at post, the post is authorized to void the endorsement without referral to the Department. Complete the passport amendment application form (OF-195; see 7 FAM 1339 Exhibit 1339.1) and immediately send it to Passport Services (CA/PPT) in Washington, D.C.

(10) Upon making the loan, the consular officer sends the original of the Loan Application/Promissory Note to the Department of State, Office of Finance (M/COMP/FO/GAD/SAC), Room 2000, SA-15.

(11) Give the second copy of the form to the post fiscal officer, who will arrange payment for the services.

(12) The consular officer retains the third copy of the application until the services provided by the loan are complete.

(13) The beneficiary receives the fourth copy of the application as a memorandum of obligation to repay the U.S. Government.

(14) If the post becomes aware that the funds authorized for this loan will not be used, not be used totally, or that additional funds will be required, the post notifies the Department by telegram, with the fiscal data concerning the loan and the revised total estimate.

(15) As soon as the services required for the medical emergency have been completed, the post files a final report on the case. The consular officer sends the third copy of the Loan Application/Promissory Note to M/COMP/OF/GAD/SAC, Room 2000, SA-15, under cover of a memorandum, giving the full particulars of the loan.

(16) The Department (CA/OCS/EMR) requires a post final fiscal reporting telegram within 72 hours. Include the applicant's name and Social Security number, amount expended, complete U.S. billing address (or complete foreign address if no U.S. address is available), and fiscal data charged (see 7 FAM 374 Exhibit 374.5 and section 7 FAM 376).

7 FAM 453 SHORT TERM FULL DIET PROGRAM

This part of the program establishes a method for funding food for American prisoners being held in facilities where adequate food is not provided by the incarcerating officials (see 7 FAM 451 Exhibit 451).

7 FAM 453.1 Eligibility Criteria

A prisoner is considered eligible for the short term full diet program if:

(1) The prisoner is to be or has been held in excess of 1 day in a holding jail or other facility;

(2) The incarcerating officials do not provide adequate food for the prisoner, and food is not available from any other source, including private funding from family or friends; and

(3) The prisoner is willing to sign a promissory note for funds expended, since the assistance is normally on a reimbursable basis. The consular officer must prepare a promissory note for this purpose, using the sample in 7 FAM 452 Exhibit 452.5 .

7 FAM 453.2 Use of Funds

Funds expended under this program should be used in much the same way as subsistence funds in repatriation cases. Consular officers should exercise their own best judgment as to exactly how these funds are expended. The following guidelines are offered primarily as suggestions:

(1) Whenever possible, do not give funds directly to the prisoner but pay them to a local restaurant or other establishment which normally provides paid meals to prisoners at the facility or has the capability of doing so;

(2) Pay funds to prison officials only as a last resort, and only if there is assurance that the funds will be used to provide food for the prisoner or prisoners in question; and

(3) To the extent permitted by local conditions prevalent at the place of incarceration, as well as budgetary limitations, prisoners should be provided meals (such as Kosher or non-meat products) that do not offend a prisoner's religious tenets.

7 FAM 453.3 Post Procedures

Successful implementation of this program depends in large part on the post's awareness of prison or jail practices within the consular district. For example, the post should determine whether local jails customarily provide inadequate food for prisoners because of the local bureaucratic setup and/or the relatively short holding term, and whether prisoners are likely to be held in court-operated facilities, pending or during trial, where food is not routinely provided. As soon as the post learns of a U.S. citizen being held in a facility where food is not provided, the consular officer should:

(1) Visit the prison in accordance with existing regulations;

(2) Determine the normal cost of a basic diet and the best method of effecting payment; and

- (3) Attempt to secure funds from private sources such as family or friends.

7 FAM 453.4 Post Emergency Expenditure Authorization

Essentially the same procedures apply to short term dietary assistance cases as apply to medical services cases: the post must determine that no private sources of funds are available; and the prisoner must sign the Loan Application/Promissory Note and sign receipts for funds received (discussed at greater length in section 7 FAM 453.5). Posts are authorized to spend up to \$200 without prior Department approval. Expenditures above \$200 require Department approval. The consular officer advises the Department (CA/OCS/EMR) by telegram when funds have been disbursed under this authority (see format in 7 FAM 453 Exhibit 453.4).

7 FAM 453.5 Processing Requirements for Short Term Full Dietary Assistance for Incarcerated U.S. Citizens

When a post becomes aware that an incarcerated U.S. citizen requires a loan for dietary assistance, the post takes the following actions:

- (1) The consular officer determines the eligibility of the loan applicant (see section 7 FAM 453.1).
- (2) The consular officer completes Section A of the Loan Application/Promissory Note (7 FAM 453 Exhibit 453.5 , Part I).
- (3) The loan applicant reads and completes Section B of the application.

If the signature of the applicant is unavailable, see section 7 FAM 345.2 .

(4) If the loan is authorized on an emergency basis under section 7 FAM 0453.4 , the consular officer must assign the fiscal data to be charged for this case (see section 7 FAM 456). This information is essential and cannot be omitted.

(5) The consular officer estimates the total loan that will be required for this service and takes one of the following steps:

(a) Completes Sections C and D of the application/note if the total estimated loan is for \$200 or less; or,

(b) Obtains Department authorization if the total estimated loan is greater than \$200. Do not complete Sections C and D. On an emergency basis the post may expend up to \$200 per prisoner, in which case a Purchase Order/Voucher (Form OF-206) should be completed for the emergency funds, signed by the prisoner, and attached to the loan application. When the post receives Department authorization, the officer completes Sections C and D of the Loan Application/Promissory Note for the total loan required.

(6) In either case, the consular officer telegraphs the Department, requesting authorization and/or reporting the loan. Use the format contained in 7 FAM 453 Exhibit 453.4 .

(7) Amend the passport of the beneficiary to expire 1 year from date of loan and endorse it as described in section 7 FAM 452.6 (subparagraph (9)). Complete the Passport Amendment Application Form (OF-195; see 7 FAM 1339 Exhibit 1339.1) and immediately send it to Passport Services (CA/PPT) in Washington, D.C.

(8) When the Loan Application/Promissory Note has been completed, the consular officer sends the original immediately to the Department of State, Office of Finance (M/COMP/FO/GAD/SAC), Room 2000, SA-15.

(9) Give the second copy of the Loan Application/Promissory Note to the post fiscal officer, who will arrange payment for the services.

(10) The consular officer retains the third copy of the application/note until the services provided by the loan are complete.

(11) The beneficiary receives the fourth copy of the application/note as a memorandum of obligation to repay the U.S. Government.

(12) If at any time the post becomes aware of a change in the funds required for this loan (that is, additional funds required, or alternate funds discovered), the post must notify the Department by telegram, including the new estimate of total funds required and the fiscal data of the loan.

(13) When the services of the loan have been provided, the consular officer must file a final report. Send the third copy of the Loan Application/Promissory Note to the Department (M/COMP/FO/GAD/SAC), Room 2000, SA-15, under cover of a memorandum. Give the full particulars of the loan and state the total cost of the services.

(14) The Department (CA/OCS/EMR) requires a post final fiscal reporting telegram within 72 hours after completion of the services of the loan. Include the applicant's name and Social Security number, amount expended, complete U.S. billing address (or complete foreign address if no U.S. address is available), and fiscal data charged (see 7 FAM 375 Exhibit 375.4 and section 7 FAM 379).

7 FAM 454 DIETARY SUPPLEMENTS

This element of the program provides, through American consular posts and after an evaluation of the adequacy of the prison diet, food supplements where normal prison fare is not sufficient to maintain an acceptable standard of health and such supplements are not available through prisoners' private resources.

7 FAM 454.1 Eligibility Criteria

Because this element of the program is non-reimbursable, and because the amount which probably will be expended per prisoner may be relatively small, the eligibility criteria need not be particularly stringent. A prisoner is considered eligible for the dietary supplement program under the following general criteria if:

(1) An evaluation by a private physician, prison doctor, or other host country medical authority reveals that the prison diet does not meet the minimal requirements to sustain adequate health; or

(2) If an evaluation by either a regional medical officer or Departmental medical officer reveals that the prison diet does not provide the minimum requirement to sustain adequate health.

7 FAM 454.2 Types of Supplements

a. Dietary supplements must be basic and easily stored, transported, and administered. Dietary supplements normally include some or all of the following:

- (1) A basic high-calorie, high-protein food supplement;
 - (2) Multi-vitamin tablets of the one-per-day variety;
 - (3) Vitamin C tablets (ascorbic acid), particularly in those areas where the diet does not include minimal amounts of fresh fruit or vegetables, to prevent scurvy or related diseases;
 - (4) Iron tablets, primarily for female prisoners; and/or
 - (5) Calcium tablets, primarily in those areas where little or no dairy products are provided.
- b. Supplements provided should, to the extent possible, be consistent with a specific prisoner's religious tenets.

7 FAM 454.3 Source of Supplements

Standard dietary supplements identified by the Department may be supplemented further by local purchase. Purchase will depend upon the availability of such supplements in each post's area, local laws concerning purchase and distribution of supplements, and the normal purchasing procedures followed at each post. Supplements may be obtained in one of the following ways.

7 FAM 454.3-1 Purchased from the Local Economy

The post's general services officer is responsible for purchasing locally the required dietary supplements, in wholesale quantities whenever possible. Posts should send CA/OCS/EMR a copy of the post purchase order when it is issued to the vendor. CA/OCS/EMR will forward the purchase order copy to the Financial Services Division for obligating purposes.

7 FAM 454.3-2 Requisitioned from U.S. Sources

a. Provided that importation of dietary supplements is allowed by the host government, they may be ordered from the United States Public Health Service (USPHS) Supply Service Center at Perry Point, Md. 21902. The items and costs are listed under Class 6505 in the annual USPHS Medical Supply Catalog.

b. Worldwide distribution of the catalog has been made and a copy should be available at all posts. Those which have not received a copy may request one from USPHS. Funded requests for supplements may be submitted by requisition (Form OF-263: Requisition for Equipment, Supplies, Furniture), telegram, or memorandum.

c. All routine orders to Perry Point are forwarded to the Department's consolidator for surface shipment. If another transportation mode is desired (such as air freight or APO), specific instructions must be included on the requisition.

d. In emergencies, posts may submit requests to the Department, Attention: M/MED. All requests must include a fund citation to cover material costs and transportation. M/MED will acquire the supplies and ship via air pouch.

7 FAM 454.3-3 Special Products

Some dietary supplements may not be available through the USPHS but must be obtained through commercial sources. Requests for these items are submitted through OPR/ST, normally by a standard requisition form from CA/OCS/EMR to OPR/ST/P. All

such requests must be funded for merchandise and transportation costs, and will include appropriate shipping recommendations. In view of the possible short term shelf life of such products, a transportation mode other than surface (such as air freight, air pouch, or APO/FPO) may be advisable.

7 FAM 454.4 Distribution

a. It is preferable for distribution of a supply to coincide with the consular officer's regularly scheduled visit. If local regulations prohibit the distribution of dietary supplements directly to individual prisoners, the consular officer may turn them over to local prison authorities for distribution. In this case, however, each prisoner should be questioned at the earliest opportunity regarding receipt of the supplements.

b. If nonreceipt of dietary supplements by the prisoner appears common, suspend the program and submit a full report to the Department (CA/OCS/EMR) by telegram. The program should also be suspended if black marketing or other misuse of the supplements appears common, or if receipt of the supplements is likely to subject U.S. citizen prisoners to harassment or attacks at the prison. Fully report such cases to the Department by telegram.

7 FAM 454.5 Processing Requirements for Dietary Supplements for Incarcerated U.S. Citizens

In certain areas, dietary supplements may be required for incarcerated U.S. citizens. Because of the small cost associated with this program, it is administered on a nonreimbursable basis. Take the following actions:

(1) The consular officer determines the eligibility of the prisoners and the type of supplement(s) necessary, as described in sections 7 FAM 454.1 and 7 FAM 454.2 .

(2) The consular officer determines the source of the supplements and estimates the total cost.

(3) Department authorization and fiscal data are required prior to the purchase of supplements. The consular officer notifies the Department (CA/OCS/EMR and CA/EX/R) by telegram of the amount of supplements needed and the estimated cost, as well as a description of the supplements and justification for the expenditure.

(4) When the post receives the Department authorization, request the post's General Services Officer to arrange the purchase of the supplements, citing the established fiscal data.

(5) Since these items are non-reimbursable, post action is complete.

7 FAM 455 DOCUMENTATION OF DISBURSEMENTS

Documentation of disbursements made under the EMDA allotment are important to the operation and management of the program. Disbursements for the dietary supplement element must be documented by current accounting procedures from purchase orders issued at post or by OPR/STP/P. Documentation of disbursements made for the other two loan elements are discussed in the following subsections.

7 FAM 455.1 Loan Application/Promissory Notes

a. Due to the nature of the two loan elements of the EMDA Program, the current practice is that most of these disbursements may be made under open-end purchase orders or contracts. Posts must assure that all disbursements of Departmental funds for these elements are made under a signed Loan Application/Promissory Note, and that the disbursement document is identified to the prisoner by the application/note and obligation number assigned by the post or Department.

b. The EMDA allotment is Washington-held and a copy of all disbursement documents for this account must be forwarded to the Department through normal accounting channels.

7 FAM 455.2 Net Disbursements and Collected Reimbursements Report (FS-478)

a. Disbursement documents must support disbursements reflected on the post FS-478. Disbursement documents may be transmitted to the Department (M/COMP/FO/GAD/SAC) by Liquidation Transfer Journal Voucher (FS-477), Payments and Collections Transfer Register (FS-477(1)), or Interoffice Document Transfer Record (DS-1491 or OF-257). (See also 4 FAM 252.4 , 4 FAM 252.5 , 4 FAM 266 , and Forms Facsimile Handbook.)

b. Consistent with standard accounting procedures, and for the protection of officers involved, receipts for all cash disbursements must be obtained from the recipient and made part of the post records of the case. Receipts or copies of receipts are required from time to time by the office responsible for collecting the loans (M/COMP/FO/GAD/SAC).

c. The reverse side of the Loan Application/Promissory Note may be used to list increment payments, and the amounts listed are to be supported by receipts or legible signature of the recipient.

d. When the total amount of the loan is determined, forward the original and one copy of the loan agreement to the Department (CA/OCS/EMR).

7 FAM 456 FUNDING AND ACCOUNTING

a. The consular officer is responsible for ensuring that the proper forms are completed according to the element of EMDA being used. Remember that the Emergency Medical Assistance and the Short Term Full Diet parts of the program are provided on a reimbursable basis and that the Loan Application/Promissory Note must be signed before these services can be initiated.

b. EACH POST IS RESPONSIBLE FOR ESTABLISHING THE FISCAL DATA FOR ALL EMDA LOANS WHICH IT AUTHORIZES UNDER ITS OWN EMERGENCY AUTHORITY (see 7 FAM 373). 7 FAM 456 Exhibit 456 illustrates how this is done and provides examples for each type of EMDA loan (identical to those shown in 7 FAM 373 Exhibit 373). In EMDA cases requiring the Department's approval, the Department (CA/OCS/EMR) furnishes the fiscal data used by the post (see sections 7 FAM 340 and 7 FAM 460).

c. The actual accounting and reporting of the services is the responsibility of the post's disbursing officer.

7 FAM 457 THROUGH 459 UNASSIGNED

7 FAM 451 Exhibit 451

Federal Register, Vol. 51, No. 19, 1-29-86 AND 22 CFR 71

(Page 1 of 3)

Federal Register, Vol. 51, No. 19, 1-29-86 AND 22 CFR 71

Federal Register

3634 Federal Register / Vol. 51, No. 19 / Wednesday, January 29, 1986 / Proposed Rules

PART 71—[AMENDED]

1. The authority citation for 22 CFR Part 71 would be revised to read as follows:

Authority: Sec. 4 of the Act of May 28, 1949, as amended, 63 Stat 111; 22 U.S.C. 2858; Sec. 2, Pub. L. 95-45, 91 Stat 221; 22 U.S.C. 2870(j).

2. By revising § 71.10 (a)(1), (b)(7), and § 71.11(a)(3) to read as follows:

§ 71.10 Emergency medical assistance.

(a) * * *

(1) Adequate treatment for a physical or psychiatric condition cannot or will not be provided by prison authorities or the host government.

(b) * * *

(7) Transportation for the U.S. Citizen and attendant(s) designated by incarcerating officials between the place of incarceration or site where the injury/illness occurred and the place(s) of treatment.

§ 71.11 Short-term full diet program.

(a) * * *

(3) Whenever competent to do so, the prisoner executes a promissory note for funds expended, since the assistance is on a reimbursable basis.

22 CFR 71

Department of State

§ 71.10

§ 71.6 Services for distressed Americans.

Officers of the Foreign Service shall extend every possible aid and assistance within their power to distressed American citizens within their districts, but they shall not expend the funds nor pledge the credit of the Government of the United States for this purpose, except in the case of American seamen, or except as authorized by the Department of State.

§ 71.7 Reports on catastrophes abroad.

Whenever a great catastrophe occurs abroad, either on land or on sea, the officer within whose district the catastrophe takes place or into whose district the survivors are brought shall report immediately by telegraph the names of any American citizens who have been killed or injured and the names of American citizens known to be safe.

§ 71.8 Assistance to American Red Cross.

Officers and employees of the Foreign Service may cooperate fully with the American Red Cross within their respective districts and subject to the limitations prescribed in § 102.806 (22 CFR, 1947 Supp.). They shall, however, avoid taking an active part in the solicitation of memberships or the collection of funds.

§ 71.9 Presentation of Americans at foreign courts.

The chief of the mission concerned may exercise his discretion in the matter of procuring the presentation of American citizens at the court of the country to which he is accredited.

Subpart B—Emergency Medical/Dietary Assistance for U.S. Nationals Incarcerated Abroad

SOURCE: 42 FR 60141, Nov. 25, 1977, unless otherwise noted.

§ 71.10 Emergency medical assistance.

(a) *Eligibility criteria.* A U.S. national incarcerated abroad is considered eligible to receive funded medical treatment under the following general criteria:

(1) Adequate treatment cannot or will not be provided by prison authorities or the host government;

(2) All reasonable attempts to obtain private resources (prisoner's family, friends, etc.) have failed, or such resources do not exist;

(3) There are medical indications that the emergency medical assistance is necessary to prevent, or attempt to prevent, the death of the prisoners, or failure to provide the serviced will cause permanent disablement.

(b) *Services covered.* Funds, once approved, may be expended for:

(1) Medical examination, when required;

(2) Emergency treatment;

(3) Non-elective surgery;

(4) Medications and related medical supplies and equipment required on a routine basis to sustain life;

(5) Preventive or protective medications and medical supplies and equipment (vaccinations, inoculations, etc.) required to combat epidemic conditions (general or intramural);

(6) Childbirth attendance, including necessary medical care of newborn children; and

(7) Within the consular district, transportation for the U.S. national and attendant(s) designated by incarcerating officials between the place of incarceration and the place(s) of treatment.

(c) *Consular responsibility.* As soon as the consular officer is aware that a U.S. national prisoner in the consular district faces a medical crisis, the officer should take the following actions, setting forth the order or priority based on an evaluation of the facts received:

(1) Make every effort to contact the ill or injured prisoner as soon as possible;

(2) Take steps to obtain a professional medical diagnosis and prognosis of the ill or injured prisoner;

(3) Determine as accurately as possible the estimated costs of recommended treatment or surgery;

(4) Obtain the names and addresses of family or friends who might serve as a source of private funds for medical services, and attempt to obtain the necessary funds;

Federal Register, Vol. 51, No. 19, 1-29-86 AND 22 CFR 71—Continued

22 CFR 71

§ 71.11

(5) Request the prisoner to execute a promissory note, since funds expended by the Department to cover medical services normally are on a reimbursable basis; and

(6) Submit the above information, along with recommendations and evaluations, to the Department for approval and authorization.

(d) *Emergency expenditure authorization.* When a medical emergency prohibits the delay inherent in contacting the Department and receiving authority to expend funds, the consular officer can expend up to an amount to be established by the Department without prior Departmental approval if:

(1) Symptoms determine eligibility for emergency medical treatment; or

(2) An immediate medical examination is warranted in order to verify the alleged abuse of a U.S. national prisoner by arresting or confining authorities; or

(3) Immediate emergency medical treatment or surgery is necessary to prevent death or permanent disablement, and there is insufficient time to explore private funds or obtain Department approval; and

(4) A promissory note already has been executed by the prisoner, or if the circumstances warrant, by the consular officer without recourse.

§ 71.11 Short-term full diet program.

(a) *Eligibility criteria.* A prisoner is considered eligible for the short-term full diet program under the following general criteria:

(1) The prisoner is to be or has been held in excess of one day in a holding jail or other facility;

(2) Incarcerating officials do not provide the prisoner food, and food is not available from any other sources, including private funding from family or friends; and

(3) If the funds exceed an amount to be established by the Department, the prisoner signs a promissory note for funds expended, since the assistance is on a normally reimbursable basis.

(b) *Consular responsibility.* As soon as the consular officer is aware that a U.S. national is incarcerated in a facility wherein food is not routinely provided, the consular officer should:

22 CFR Ch. I (4-1-86 Edition)

(1) Contact the prisoner in accordance with existing procedures;

(2) Determine the normal cost of basic diet and best method of effecting payment;

(3) Attempt to secure funds from private sources such as family or friends;

(4) Because funds expended by the Department to cover the short-term full diet program normally are on a reimbursable basis, have the prisoner execute a promissory note; and

(5) Contact the Department, providing the above information, for approval and authorization.

(c) *Emergency expenditure authorization.* Since an immediate need for a short-term full diet program often prohibits the delay inherent in contacting the Department and receiving authority to expend funds, the consular officer can expend up to an amount to be established by the Department without prior Departmental approval if the prisoner's case meets the criteria established in paragraph (a) of this section. Expenditures above the predetermined limit must receive the prior approval of the Department.

§ 71.12 Dietary supplements.

(a) *Eligibility criteria.* A prisoner is considered eligible for the dietary supplement program under the following general criteria:

(1) An evaluation by a private physician, prison doctor, or other host country medical authority reveals that the prison diet does not meet the minimum requirements to sustain adequate health; or

(2) If the evaluation in paragraph (a)(1) of this section is not available, an evaluation by either a regional medical officer or Departmental medical officer reveals that the prison diet does not provide the minimum requirements to sustain adequate health.

(b) *Consular responsibility.* (1) When the consular officer is aware that the U.S. prisoner's diet does not provide the minimum requirements to sustain adequate health, the consular officer shall obtain the necessary dietary supplements and distribute them to the prisoner on a regular basis.

7 FAM 452 Exhibit 452.5

(TL:CON-23; 11-4-86)

Sample Loan Application/Promissory Note for Emergency Medical Assistance

EMDA LOAN APPLICATION/PROMISSORY NOTE

Instructions: Make original and 3 copies. Type or print legibly.
Information must be complete.

PART I - APPLICATION

A. To be completed by Consular Officer.

1. TYPE OF LOAN REQUESTED: EMDA-I Emergency Medical Assistance
2. NAME OF POST: American Embassy, Seoul, Korea
3. DATE OF APPLICATION: November 4, 1983
4. APPLICANT'S FULL NAME: Kristi Renee Woza
5. SOCIAL SECURITY NUMBER: 991-00-1123
6. BIRTHDATE/BIRTHPLACE: October 28, 1950, Nevada
7. PASSPORT NUMBER WITH DATE AND PLACE OF ISSUANCE (if not available, describe other evidence of U.S. citizenship, such as birth certificate, card of identity and registration, or other documents):

S0000493, issued 6/29/82, Miami

8. DATA ON ACCOMPANYING DEPENDENTS:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>NATIONALITY</u>
None.			

9. COMPLETE ADDRESS ABROAD: Kangso Prison Hospital,
Seoul, Korea

10. COMPLETE ADDRESS IN THE UNITED STATES (address to which applicant will return, and name of person now living there):

c/o Brother, Thomas P. Woza
2003 Sugar Lane
Union, Illinois 09823

11. NAME AND COMPLETE ADDRESS OF RELATIVES/FRIENDS/EMPLOYER/
FINANCIAL INSTITUTIONS IN THE UNITED STATES OR ABROAD WHO HAVE
BEEN REQUESTED TO ASSIST FINANCIALLY:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
Thomas P. Woza	Brother	2003 Sugar Lane Union, Illinois 09823
Rodney Clark	Friend	551 Cedar Creek Road Los Angeles, California 18529

12. LIST REAL PROPERTY AND PERSONAL PROPERTY, INCLUDING AUTOMOBILE, LUGGAGE, JEWELRY, CASH ON HAND, MONEY ON DEPOSIT, AND ACCOUNTS RECEIVABLE. ESTIMATE DOLLAR VALUE AND INDICATE LOCATION IN THE UNITED STATES OR ABROAD:

Camera, valued at \$35.00.
Clothing, valued at \$100.00.

Location: In custody of Kangso Prison authorities,
Seoul, Korea.

13. IF RETIRED, LIST DATA ON RETIREMENT OR DISABILITY INCOME FROM FEDERAL, STATE, OR LOCAL GOVERNMENT SOURCE, AND INCOME FROM ANY OTHER SOURCE, INCLUDING TRUST, ESTATE, INVESTMENT, OR REAL PROPERTY. IDENTIFY SOURCE. STATE AMOUNT AND FREQUENCY OF RECEIPTS. WHEN APPROPRIATE, INCLUDE VETERANS ADMINISTRATION CLAIM NUMBER, CITY, AND STATE WHERE V.A. RECORDS ARE LOCATED: DATA CIVIL SERVICE EMPLOYMENT TERMINATED; MILITARY SERVICE; SSN:

N/A.

14. ESTIMATE U.S. DOLLAR AMOUNT REQUIRED:

\$640.00.

B. To be read and signed by the loan applicant.

15. I HEREBY APPLY FOR U.S. GOVERNMENT FINANCIAL ASSISTANCE LOAN IN THE AMOUNT SPECIFIED IN ITEM 14 ABOVE.

16. I SOLEMNLY DECLARE THAT: (A) I AM A U.S. CITIZEN; (B) I HAVE NOT LOST MY U.S. CITIZENSHIP; (C) I AM TEMPORARILY DESTITUTE; (D) I HAVE REQUESTED FUNDS FROM PRIVATE SOURCE(S) SPECIFIED IN ITEM 11 ABOVE; and (E) ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE.

17. SIGNATURE OF APPLICANT:

PART II - PROMISSORY NOTE

C. To be completed by loan applicant.

(Note. --If Department authorization is required, complete this section AFTER the authorization is received).

18. I, Kristi Renee Woza HAVE RECEIVED THIS
(Full name)
November 4, 1983 FROM THE AMERICAN Embassy
(Date) (Title of office)
AT Seoul, Korea THE SUM OF WON 620,000
(City and country) (Foreign currency)
EQUIVALENT TO \$640.00
(U.S. currency)

Emergency medical assistance--hospitalization
FOR for complication from miscarriage FOR ME
(Type of assistance)

19. I UNDERSTAND AND AGREE THAT: (A) MY OBLIGATION TO REPAY THE LOAN WILL NOT BE DISCHARGED UNTIL PAYMENT IN FULL HAS CLEARED THROUGH THE ACCOUNT OF THE TREASURER OF THE UNITED STATES; AND (B) THAT, UNTIL MY OBLIGATION IS DISCHARGED, MY PASSPORT WILL REMAIN ANNOTATED FOR LIMITED VALIDITY.

My passport number: S0000493

20. (A) I PROMISE TO REPAY \$640.00 REPRESENTING THE
(U.S. dollars)

U.S. DOLLAR EQUIVALENT OF FUNDS ADVANCED TO ME WITHIN 60 DAYS AFTER THE SIGNING OF THIS NOTE IN THE FOLLOWING MANNER: within 60 days of release from prison in two monthly payments of \$320.00 each.

(B) I WILL KEEP THE DEPARTMENT OF STATE, OFFICE OF FINANCIAL OPERATIONS, (M/COMP/FO/GAD/SAC) WASHINGTON, D.C. 20520, INFORMED OF MY ADDRESS(ES) AFTER MY ARRIVAL IN THE UNITED STATES, UNTIL SUCH TIME AS THE FUNDS ARE REPAYED IN FULL.

(C) I AGREE THAT IF I FAIL TO MAKE FULL PAYMENT WITHIN 60 DAYS, THE DEPARTMENT OF STATE MAY DECLARE THIS PROMISSORY NOTE IN DEFAULT AND TURN THE ACCOUNT OVER TO THE UNITED STATES GENERAL ACCOUNTING OFFICE, OR THE DEPARTMENT OF JUSTICE, OR A PRIVATE COLLECTION AGENCY.

(D) I FURTHER UNDERSTAND THAT IN THE EVENT I AM UNABLE TO PAY THIS LOAN IN FULL WITHIN 60 DAYS, THE OFFICE OF FINANCIAL OPERATIONS OF THE DEPARTMENT OF STATE MAY, AT ITS OPTION AND UPON MY REQUEST, DETERMINE AND FORWARD TO ME AN INSTALLMENT PLAN FOR REPAYMENT OF MY LOAN AT AN INTEREST RATE TO BE ESTABLISHED BY FEDERAL LAW.

(E) IN ADDITION TO INTEREST, A CHARGE WILL BE ASSESSED TO COVER THE COSTS OF PROCESSING AND HANDLING DELINQUENT CLAIMS.

(F) FOR FAILURE TO PAY ANY PORTION OF A DEBT MORE THAN NINETY DAYS PAST DUE, IN ADDITION TO INTEREST, A PENALTY CHARGE OF SIX PERCENT PER YEAR WILL BE ASSESSED.

(G) DEFAULTED LOANS WILL BE FORWARDED TO COMMERCIAL CREDIT BUREAUS WHICH MAY HAVE AN EFFECT ON MAY CREDIT RATING.

(H) I WILL REPAY BY CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF STATE, CASHIER, ROOM 1258, WASHINGTON, D.C. 20520.

21. THE UNDERSIGNED, WHO BENEFIT FROM THE PROCEEDS OF THIS LOAN, HEREBY ACCEPT JOINTLY AND SEVERALLY RESPONSIBILITY FOR REPAYMENT OF THE LOAN UNDER THE CONDITIONS OUTLINED IN THE FOREGOING.

	_____ (Signature)	_____ (Signature)	_____ (Signature)
TYPED OR PRINTED:	<u>Kristi Renee Woza</u> (Full Name)	_____ (Full name)	_____ (Full name)
	<u>10/28/50</u> (Date of birth)	_____ (Date of birth)	_____ (Date of birth)
	<u>Reno, Nevada</u> (Place of birth)	_____ (Place of birth)	_____ (Place of birth)
	<u>991-00-1123</u> (Soc. Sec. No.)	_____ (Soc. Sec. No.)	_____ (Soc. Sec. No.)

D. TO BE COMPLETED BY CONSULAR OFFICER:

22. SWORN/AFFIRMED AND SUBSCRIBED TO IN MY PRESENCE AT THE
Amembassy, Seoul, Korea ON November 4, 1983
(Title and location of post) (Date)

23. SIGNATURE OF CONSULAR OFFICER: _____.

24. TYPED NAME OF CONSULAR OFFICER: C. R. Hurst

25. FISCAL DATA TO BE CHARGED FOR LOAN: FY-84, Appropriation
1940113, Allotment 2023, Obligation 43100019
Organization/Function 280110/2131, Object 3322

(SEAL OF OFFICE)

7 FAM 452 Exhibit 452.6

Sample Telegram Requesting/Reporting EMDA for Emergency Medical Assistance

(Page 1 of 3)

Sample Telegram Requesting/Reporting EMDA—I Loan for Emergency Medical Assistance

TELEGRAM

INDICATE
 COLLECT
 CHARGE TO

FROM	Amembassy SEOUL	CLASSIFICATION	UNCLASSIFIED
12356			
E.O. 12958	N/A		
TAGS:	CASC (WOZA, Kristi Renee) ①		
SUBJECT:	FIMED/EMDA-I: Emergency Medical Assistance ②		
ACTION:	SECSTATE WASHDC IMMEDIATE ③ M/COMP/FO/GAD/SAC CA/EX/RES CA/PPT/S/TC		
	UNCLAS SEOUL		
	④		
	1. NAME: Kristi Renee Woza; DPOB: October 10, 1950, Nevada; SSN: 991-00-1123.		
	2. PPT: S0000493, ⑤ issued June 29, 1982, Miami.		
	3. SOURCES OF FUNDS: ⑥ Brother, Thomas P. Woza, 2003 Sugar Lane, Union, IL 09823; TEL: (808) 892-6563. Friend: Rodney Clark, 551 Cedar Creek Road, Los Angeles, CA 18529; TEL: (213) 266-1101.		
	4. PRIOR POST ACTION: ⑦ Ms. Woza told conoff she has no relatives or friends in Korea who could assist her. No other local sources of funds available. ⑧		
	5. PRIVACY ACT WAIVER: Ms. Woza signed Privacy Act waiver authorizing DEPT to release information to relatives and friends only. ⑨		
	6. DIAGNOSIS: ⑩ Residual bleeding and infection as result of recent miscarriage. PROGNOSIS: Good with necessary surgery and treatment with antibiotics.		
	7. TOTAL ASSISTANCE REQUIRED: ⑪ Dols 640: Dols 360 for 8 days' hospitalization and medication; dols 280 for		
DRAFTED BY:	CONS:CRHurst: def <i>CRH</i>	DRAFTING DATE	11/6/83
		TEL. EXT.	26302
		CONTENTS AND CLASSIFICATION APPROVED BY: <i>ALF</i>	
CLEARANCES:			

UNCLASSIFIED
CLASSIFICATION

OPTIONAL FORM 153
(Formerly FS-413)
January 1975
Dept. of State

50155-101

Sample Telegram Requesting/Reporting EMDA—I Loan
for Emergency Medical Assistance—Continued

UNCLASSIFIED

Classification

Page 2 of 2

MRM

surgery necessary to stop residual bleeding.

8. PRESENT LOCATION: Kangso Prison Hospital, Seoul, Korea; TEL: 996-6234. LENGTH OF HOSPITALIZATION: 8 days.

9. ATTENDING PHYSICIAN: Dr. Song Kim at Kangso Prison Hospital, Ext. 63; speaks English.

10. AMOUNT ALREADY EXPENDED: Dols 90 for hospitalization for 2 days.

11. FISCAL DATA: N/A. Post requesting authorization from Department.

12. REMARKS: Ms. Woza has no funds and no health insurance. She claims she had \$300 in cash but discovered her wallet missing after debarking from a flight from Los Angeles at Kimpo International Airport, Seoul on November 3.

ALLEN

UNCLASSIFIED

Classification

OPTIONAL FORM 153A
(Formerly FS-413A)
January 1975
Dept. of State

Sample Telegram Requesting/Reporting EMDA—I Loan for Emergency Medical Assistance—Continued Preparation Guide

The post's telegram requesting or reporting an EMDA—I loan for emergency medical assistance should include the following information, in the order shown in the telegram.

- ① TAGS LINE: CASC, (SURNAME, first name, middle initial).
- ② SUBJECT LINE: FIMED/EMDA—I: Emergency Medical Assistance
- ③ ACTION LINE: The following addressees:

SECSTATE WASHDC IMMEDIATE
M/COMP/FO/GAD/SAC
CA/EX/RES
CA/PPT/S/TC
CA/OCS/EMR
- ④ MESSAGE ITEM 1: Applicant's complete name; date and place of birth; social security number.
- ⑤ MESSAGE ITEM 2: Applicant's U.S. passport number, with date and place of issuance. If the passport is unavailable, report other evidence of U.S. citizenship presented.
- ⑥ MESSAGE ITEM 3: Applicant's possible sources of funds.
- ⑦ MESSAGE ITEM 4: Prior post action in this case.
- ⑧ MESSAGE ITEM 5: Privacy Act waiver; if signed, indicate to whom it authorizes release of information.
- ⑨ MESSAGE ITEM 6: Diagnosis and prognosis.
- ⑩ MESSAGE ITEM 7: Total assistance required; state the amount, breakdown of costs, and purpose of cost elements.
- ⑪ MESSAGE ITEM 8: Applicant's present address and telephone number.
- ⑫ MESSAGE ITEM 9: Attending physician; state full name, address, telephone number, and whether the physician speaks English.
- ⑬ MESSAGE ITEM 10: Amount already expended in this case, in U.S. dollars, and specify the purpose of the expenditure.
- ⑭ MESSAGE ITEM 11: Fiscal data to be charged, or, if post is requesting authorization and funding data from the Department, so indicate.
- ⑮ MESSAGE ITEM 12: Any other pertinent information the consular officer considers the Department should have.

7 FAM 453 Exhibit 453.4

Sample Telegram Requesting/Reporting EMDA-I Loan for Short Term Full Dietary Assistance

(Page 1 of 3)

Sample Telegram Requesting/Reporting EMDA—I Loan for Short Term Full Dietary Assistance

TELEGRAM

INDICATE
 COLLECT
 CHARGE TO

FROM Amembassy SEOUL		CLASSIFICATION UNCLASSIFIED
12356 E.O. XXXX TAGS: SUBJECT:	N/A CASC (WOZA, Kristi Renee) ① Short Term Dietary Assistance: Case of Kristi Renee Woza ②	
ACTION:	SECSTATE WASHDC IMMEDIATE ③ M/COMP/FO/GAD/SAC CA/EX/RES CA/PPT/S/TC	
UNCLAS SEOUL		
<p>1. NAME: Kristi Renee ④ Woza; DPOB: October 10, 1950, Nevada; SSN: 991-00-1123.</p> <p>2. PPT: S0000493, ⑤ issued June 29, 1982, Miami.</p> <p>3. SOURCES OF FUNDS: ⑥ Brother, Thomas P. Woza, 2003 Sugar Lane, Union, Illinois 09823. TEL: (808) 892-6563. Friend: Rodney Clark, 551 Cedar Creek Road, Los Angeles, CA 18529; TEL: (213) 266-1101.</p> <p>4. PRIOR POST ACTION: ⑦ Ms. Woza told conoff she has no relatives or friends in Korea who could assist her. No other local sources of funds available. ⑧</p> <p>5. PRIVACY ACT WAIVER: Ms. Woza signed Privacy Act waiver authorizing DEPT to release information to relatives and friends only. ⑨</p> <p>6. ASSISTANCE REQUIRED: Dols 75 per month for duration of incarceration. It is not yet known how long Ms. Woza will be incarcerated. ⑩</p> <p>7. PRESENT ADDRESS: Kangso Prison, Seoul, Korea; TEL: 996-6258.</p>		
DRAFTED BY: CONS:CRHurst: def <i>CRH</i>	DRAFTING DATE 11/5/83	TEL. EXT. 26302
CONTENTS AND CLASSIFICATION APPROVED BY: DCM:ALFletcher <i>ALF</i>		
CLEARANCES:		

UNCLASSIFIED
 CLASSIFICATION

OPTIONAL FORM 153
 (Formerly FS-413)
 January 1975
 Dept. of State

50153-101

Sample Telegram Requesting/Reporting EMDA—I Loan
for Short Term Full Dietary Assistance—Continued

UNCLASSIFIED

Classification

Page 2 of 2

MRN

8. FOOD SOURCE: Kangso Prison. (11) (12)
9. AMOUNT ALREADY EXPENDED: Dols 75 for November 4 through December 3.
10. FISCAL DATA: N/A. Post requesting (13) authorization from Department.
11. REMARKS: (14) Ms. Woza was arrested on November 3. The case is still under investigation and it is unknown at this time whether the case will go to trial or the charges will be dropped.

ALLEN

UNCLASSIFIED

Classification

OPTIONAL FORM 153A
(Formerly FS-413A)
January 1975
Dept. of State

Sample Telegram Requesting/Reporting EMDA—I Loan for Short Term Full Dietary Assistance—Continued Preparation Guide

The post's telegram requesting or reporting an EMDA—I loan for short term dietary assistance should include the following information, in the order shown in the telegram.

- ① TAGS LINE: CASC, (SURNAME, first name, middle initial).
- ② SUBJECT LINE: Short Term Dietary Assistance
- ③ ACTION LINE: The following addressees:

SECSTATE WASHDC IMMEDIATE
M/COMP/FO/GAD/SAC
CA/EX/RES
CA/PPT/S/TC
CA/OCS/EMR
- ④ MESSAGE ITEM 1: Applicant's complete name; date and place of birth; social security number.
- ⑤ MESSAGE ITEM 2: Applicant's U.S. passport number, with date and place of issuance. If the passport is unavailable, report other evidence of U.S. citizenship presented.
- ⑥ MESSAGE ITEM 3: Applicant's possible sources of funds.
- ⑦ MESSAGE ITEM 4: Prior post action in this case.
- ⑧ MESSAGE ITEM 5: Privacy Act waiver; if signed, indicate to whom it authorizes release of information.
- ⑨ MESSAGE ITEM 6: Assistance required; amount and for how long needed.
- ⑩ MESSAGE ITEM 7: Applicant's present address and telephone number.
- ⑪ MESSAGE ITEM 8: Source of food to be provided to applicant.
- ⑫ MESSAGE ITEM 9: Amount already expended in this case, in U.S. dollars.
- ⑬ MESSAGE ITEM 10: Fiscal data to be charged, or, if post is requesting authorization and funding data from the Department, so indicate.
- ⑭ MESSAGE ITEM 11: Any other pertinent information the consular officer considers the Department should have.

7 FAM 453 Exhibit 453.5

(TL:CON-23; 11-4-86)

Sample Loan Application/Promissory Note for Short Full Dietary Assistance

EMDA LOAN APPLICATION/PROMISSORY NOTE

Instructions: Make original and 3 copies. Type or print legibly.
Information must be complete.

PART I - APPLICATION

A. To be completed by Consular Officer.

1. TYPE OF LOAN REQUESTED: EMDA-I Short Term Dietary Assistance
2. NAME OF POST: American Embassy, Seoul, Korea
3. DATE OF APPLICATION: November 4, 1983
4. APPLICANT'S FULL NAME: Kristi Renee Woza
5. SOCIAL SECURITY NUMBER: 991-00-1123
6. BIRTHDATE/BIRTHPLACE: October 28, 1950, Nevada
7. PASSPORT NUMBER WITH DATE AND PLACE OF ISSUANCE (if not available, describe other evidence of U.S. citizenship, such as birth certificate, card of identity and registration, or other documents):

S0000493, issued 6/29/82, Miami

8. DATA ON ACCOMPANYING DEPENDENTS:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>NATIONALITY</u>
None.			

9. COMPLETE ADDRESS ABROAD: Kangso Prison Hospital,
Seoul, Korea

10. COMPLETE ADDRESS IN THE UNITED STATES (address to which applicant will return, and name of person now living there):

c/o Brother, Thomas P. Woza
2003 Sugar Lane
Union, Illinois 09823

11. NAME AND COMPLETE ADDRESS OF RELATIVES/FRIENDS/EMPLOYER/
FINANCIAL INSTITUTIONS IN THE UNITED STATES OR ABROAD WHO HAVE
BEEN REQUESTED TO ASSIST FINANCIALLY:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>
Thomas P. Woza	Brother	2003 Sugar Lane Union, Illinois 09823
Rodney Clark	Friend	551 Cedar Creek Road Los Angeles, California 18529

12. LIST REAL PROPERTY AND PERSONAL PROPERTY, INCLUDING AUTOMOBILE, LUGGAGE, JEWELRY, CASH ON HAND, MONEY ON DEPOSIT, AND ACCOUNTS RECEIVABLE. ESTIMATE DOLLAR VALUE AND INDICATE LOCATION IN THE UNITED STATES OR ABROAD:

Camera, valued at \$35.00.
Clothing, valued at \$100.00.

Location: In custody of Kangso Prison authorities,
Seoul, Korea.

13. IF RETIRED, LIST DATA ON RETIREMENT OR DISABILITY INCOME FROM FEDERAL, STATE, OR LOCAL GOVERNMENT SOURCE, AND INCOME FROM ANY OTHER SOURCE, INCLUDING TRUST, ESTATE, INVESTMENT, OR REAL PROPERTY. IDENTIFY SOURCE. STATE AMOUNT AND FREQUENCY OF RECEIPTS. WHEN APPROPRIATE, INCLUDE VETERANS ADMINISTRATION CLAIM NUMBER, CITY, AND STATE WHERE V.A. RECORDS ARE LOCATED: DATA CIVIL SERVICE EMPLOYMENT TERMINATED; MILITARY SERVICE; SSN:

N/A.

14. ESTIMATE U.S. DOLLAR AMOUNT REQUIRED:

\$640.00.

B. To be read and signed by the loan applicant.

15. I HEREBY APPLY FOR U.S. GOVERNMENT FINANCIAL ASSISTANCE LOAN IN THE AMOUNT SPECIFIED IN ITEM 14 ABOVE.

16. I SOLEMNLY DECLARE THAT: (A) I AM A U.S. CITIZEN; (B) I HAVE NOT LOST MY U.S. CITIZENSHIP; (C) I AM TEMPORARILY DESTITUTE; (D) I HAVE REQUESTED FUNDS FROM PRIVATE SOURCE(S) SPECIFIED IN ITEM 11 ABOVE; and (E) ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE.

17. SIGNATURE OF APPLICANT:

PART II - PROMISSORY NOTE

C. To be completed by loan applicant.

(Note.--If Department authorization is required, complete this section AFTER the authorization is received).

18. I, Kristi Renee Woza HAVE RECEIVED THIS
(Full name)

November 4, 1983 FROM THE AMERICAN Embassy
(Date) (Title of office)

AT Seoul, Korea THE SUM OF WON 620,000
(City and country) (Foreign currency)

EQUIVALENT TO \$75.00
(U.S. currency)

FOR Short Term Dietary Assistance FOR ME
(Type of assistance)

19. I UNDERSTAND AND AGREE THAT: (A) MY OBLIGATION TO REPAY THE LOAN WILL NOT BE DISCHARGED UNTIL PAYMENT IN FULL HAS CLEARED THROUGH THE ACCOUNT OF THE TREASURER OF THE UNITED STATES; AND (B) THAT, UNTIL MY OBLIGATION IS DISCHARGED, MY PASSPORT WILL REMAIN ANNOTATED FOR LIMITED VALIDITY.

My passport number: S0000493

20. (A) I PROMISE TO REPAY \$640.00 REPRESENTING THE
(U.S. dollars)

U.S. DOLLAR EQUIVALENT OF FUNDS ADVANCED TO ME WITHIN 60 DAYS AFTER THE SIGNING OF THIS NOTE IN THE FOLLOWING MANNER:
within 60 days of release from prison in two monthly payments of \$37.50 each.

(B) I WILL KEEP THE DEPARTMENT OF STATE, OFFICE OF FINANCIAL OPERATIONS, (M/COMP/FO/GAD/SAC) WASHINGTON, D.C. 20520, INFORMED OF MY ADDRESS(ES) AFTER MY ARRIVAL IN THE UNITED STATES, UNTIL SUCH TIME AS THE FUNDS ARE REPAYED IN FULL.

(C) I AGREE THAT IF I FAIL TO MAKE FULL PAYMENT WITHIN 60 DAYS, THE DEPARTMENT OF STATE MAY DECLARE THIS PROMISSORY NOTE IN DEFAULT AND TURN THE ACCOUNT OVER TO THE UNITED STATES GENERAL ACCOUNTING OFFICE, OR THE DEPARTMENT OF JUSTICE, OR A PRIVATE COLLECTION AGENCY.

(D) I FURTHER UNDERSTAND THAT IN THE EVENT I AM UNABLE TO PAY THIS LOAN IN FULL WITHIN 60 DAYS, THE OFFICE OF FINANCIAL OPERATIONS OF THE DEPARTMENT OF STATE MAY, AT ITS OPTION AND UPON MY REQUEST, DETERMINE AND FORWARD TO ME AN INSTALLMENT PLAN FOR REPAYMENT OF MY LOAN AT AN INTEREST RATE TO BE ESTABLISHED BY FEDERAL LAW.

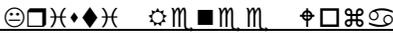
(E) IN ADDITION TO INTEREST, A CHARGE WILL BE ASSESSED TO COVER THE COSTS OF PROCESSING AND HANDLING DELINQUENT CLAIMS.

(F) FOR FAILURE TO PAY ANY PORTION OF A DEBT MORE THAN NINETY DAYS PAST DUE, IN ADDITION TO INTEREST, A PENALTY CHARGE OF SIX PERCENT PER YEAR WILL BE ASSESSED.

(G) DEFAULTED LOANS WILL BE FORWARDED TO COMMERCIAL CREDIT BUREAUS WHICH MAY HAVE AN EFFECT ON MAY CREDIT RATING.

(H) I WILL REPAY BY CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF STATE, CASHIER, ROOM 1258, WASHINGTON, D.C. 20520.

21. THE UNDERSIGNED, WHO BENEFIT FROM THE PROCEEDS OF THIS LOAN, HEREBY ACCEPT JOINTLY AND SEVERALLY RESPONSIBILITY FOR REPAYMENT OF THE LOAN UNDER THE CONDITIONS OUTLINED IN THE FOREGOING.

/s/  _____

(Signature) (Signature) (Signature)

TYPED OR PRINTED: Kristi Renee Woza _____
(Full Name) (Full name) (Full name)

10/28/50 _____
(Date of birth) (Date of birth) (Date of birth)

Reno, Nevada _____
(Place of birth) (Place of birth) (Place of birth)

991-00-1123 _____
(Soc. Sec. No.) (Soc. Sec. No.) (Soc. Sec. No.)

D. TO BE COMPLETED BY CONSULAR OFFICER:

22. SWORN/AFFIRMED AND SUBSCRIBED TO IN MY PRESENCE AT THE
Amembassy, Seoul, Korea ON November 4, 1983
(Title and location of post) (Date)

23. SIGNATURE OF CONSULAR OFFICER:  _____ .

24. TYPED NAME OF CONSULAR OFFICER: C. R. Hurst _____ .

25. FISCAL DATA TO BE CHARGED FOR LOAN: FY-84, Appropriation
1940113, Allotment 2023, Obligation 43100019
Organization/Function 280110/2131, Object 3322

(SEAL OF OFFICE)

7 FAM 456 Exhibit 456

Procedure to Establish Post Fiscal Data for EMDA-I and EMDA-II Programs

Under the Emergency Medical and Dietary Assistance Program for incarcerated Americans abroad (EMDA-I) and the Emergency Medical, Dietary, and Temporary Assistance Program for non-incarcerated Americans abroad (EMDA-II), Foreign Service posts are required to establish the fiscal data to be charged for each loan. This fiscal data includes an appropriation number, allotment number, obligation number, organization number, and function number, as well as an object code for each loan. These numbers are established as follows:

1. **Appropriation Number.** This number is 19_0113 for all EMDA-I and EMDA-II cases, where _ represents the last digit of the fiscal year.
2. **Allotment Number.** This number is 2023 for all EMDA-I and EMDA-II cases.
3. **Obligation Number.** This number is an 8-digit number which is unique for each post and EMDA case. The first number represents the last digit of the fiscal year. The second through the sixth digits represent the six digit post code as given in 4 FAM Appendix A, Section 405-409 (omit the first digit of this code to leave 5 numbers). The seventh and eighth numbers represent the case number at post.

Example (Mazatlan, Mexico):

31281401 - loan to incarcerated American (John Smith)
31281402 - loan to temporarily destitute American (Mary Carr)
31281403 - dietary supplements
31281404 - loan to non-incarcerated American (Helen Jones)

Posts should maintain a ledger of their cases to show what each obligation number represents.

4. **Organization Number.** This number is 280100 for all programs under EMDA-I and EMDA-II.
5. **Function Number.** This number shows the type of loan program involved in a specific case. One of the following 2 numbers should be used for each loan:

2131 - for incarcerated U.S. citizens
2132 - for non-incarcerated U.S. citizens

6. **Object Code.** This number shows the nature of the assistance. One of the following numbers should be used for each loan:

2640 - for dietary supplements for prisoners.
3321 - for emergency medical assistance.
3322 - for short term dietary assistance.
3324 - for loans to temporarily destitute U.S. citizens.

FUNCTION AND OBJECT CODE NUMBERS FOR EMDA PROGRAMS

The following table shows function and object code numbers for the 2 EMDA programs:

EMDA-I (For U.S. Citizen Prisoners)	FUNCTION	OBJECT	COST
a. Dietary Supplements	2131	2640	Free
b. Emergency assistance Post has prior authority to expend up to \$250 in emergencies only.	2131	3321	Reimbursable
c. Short term dietary assistance Post has prior authority to expend up to \$200 in emergency only.	2131	3322	Reimbursable
EMDA-I (For non-Incarcerated U.S. Citizens)	FUNCTION	OBJECT	COST
a. Emergency Medical Assistance Post has prior authority to expend up to \$250 in emergencies only.	2132	3321	Reimbursable
b. Short Term Dietary Feeding (1) Program includes food and lodging. (2) Post has prior authority to expend up to \$200 in emergencies only.	2132	3322	Reimbursable
c. Loans to Temporarily Destitute U.S. Citizens Post has authority to expend up to 3 day's USG per diem in emergencies only (a maximum of 5 days under certain circumstances).	2132	3324	Reimbursable

EXAMPLES OF FISCAL DATA ESTABLISHED AT POSTS

Emergency Medical Loan for Incarcerated American (EMDA-I)

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization/Function</u>	<u>Object</u>	<u>Amount</u>
1930113	2023	33070410	280100/2131	3321	\$200.00

This fiscal data represents the tenth EMDA case in fiscal year 1983 in Melbourne, Australia, where \$200.00 was expended or is planned to be expended for an emergency medical loan to an incarcerated U.S. citizen.

Short Term Full Dietary Assistance for Incarcerated U.S. Citizen (EMDA-I)

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization/Function</u>	<u>Object</u>	<u>Amount</u>
1940113	2023	45110102	280100/2131	3322	\$25.00

This fiscal data represents the second EMDA case in fiscal Year 1984 in Gaborone, Botswana, where \$25.00 was expended for the temporary feeding of an incarcerated U.S. citizen.

Dietary Supplements for Incarcerated U.S. Citizens (EMDA-I)

Fiscal data under this element is supplied by Department.

Emergency Medical Loan for Non-Incarcerated U.S. Citizen (EMDA-II)

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization/Function</u>	<u>Object</u>	<u>Amount</u>
1940113	2023	44080101	280100/2132	3321	\$250.00

This fiscal data represents the first EMDA case in fiscal year 1984 in Manama, Bahrain, where \$250.00 was expended or is planned to be expended for an emergency medical loan to a non-incarcerated U.S. citizen.

Short Term Full Dietary Assistance for Non-Incarcerated U.S. Citizen (EMDA-I)

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization/Function</u>	<u>Object</u>	<u>Amount</u>
1930113	2023	32268103	280100/2132	3322	\$10.00

This fiscal data represents the third EMDA case in fiscal year 1983 in Ottawa, Canada, where \$10.00 was expended or is planned to be expended for the temporary feeding and lodging of a non-incarcerated U.S. citizen.

Temporary Assistance Loan for Destitute Non-Incarcerated U.S. Citizen (EMDA-I)

<u>Appropriation</u>	<u>Allotment</u>	<u>Obligation</u>	<u>Organization/Function</u>	<u>Object</u>	<u>Amount</u>
1970113	2023	42500215	280100/2132	3324	\$162.00

This fiscal data represents the fifteenth EMDA case in fiscal year 1984 in Florence, Italy, where \$162.00 was expended or is planned to be expended for the temporary assistance loan to a non-incarcerated U.S. citizen.